



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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www.llr.sc.gov/POL/Medical/



2019-2021 LATE RENEWAL APPLICATION FOR RESPIRATORY CARE PRACTITIONERS

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$150.00 made payable to the S.C. Board of Medical Examiners to the address listed above. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

SC License No.: _____

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone No.: _____ Fax No.: _____

Email: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

CONTINUING EDUCATION

Have you completed at least 30 hours of approved continuing education between June 1, 2017 and May 31, 2019? **(RCPs who are in their first renewal cycle after receiving their initial permanent license are not required to report continuing education for this renewal only. If this applies to you, please check yes.)**

Yes No

A list of approved Continuing Education Programs is available at www.llr.sc.gov/POL/Medical/

If you are willing for your name to be added to a list of volunteer Respiratory Care Practitioners who may be called upon in the event of a public health emergency situation, please check this box:

Activity Status: (Check only one)

- 01 Currently practicing profession 02 Not currently practicing profession
- 18 Out-of-State (State or country: _____) 08 Retired

Primary Practice Setting: (Where patients are seen)

- | | | |
|---|---|--|
| 120 Academic Setting (Teaching/Research) | 170 Community Health | 200 Federal Health Facility
(VA, MIL, NIH, IHS, etc.) |
| 210 Home Health/DME | 230 Hospital-Emergency Room/Dept. | 240 Hospital-Inpatient
(General/Acute) |
| 250 Hospital-Inpatient (ICU, CCU, NICU, etc.) | 270 Hospital (Sub-Acute) | 290 Insurance Company |
| 295 Manufacturer/Distributor | 330 Nursing Home/SNF/Other
Institutional Setting | 350 Outpatient Facility/Physician
Office |
| 403 Sleep Center/Diagnostic Center | 407 Transportation Services | 990 Other Setting (Please specify) |

Primary Practice Setting in South Carolina

Medical Director: _____ Medical Director License No.: _____

County: _____ Setting: (Codes listed above) _____ Hrs./Wk.: _____

Check here to use business address information from Page 1:

Employer Name: _____

Street Address: _____

City, State, Zip: _____

Secondary Practice Setting in South Carolina

Medical Director: _____ Medical Director License No.: _____

County: _____ Setting: (Codes listed above) _____ Hrs./Wk.: _____

Employer Name: _____

Street Address: _____

City, State, Zip: _____

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

1. Is your ability to practice as a respiratory care practitioner currently impaired by any physical, emotional or mental condition or illness or alcohol or substance abuse or addiction to the extent that it might interfere with your ability to safely perform the essential functions of respiratory care practice? *(If you have voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance with RPP, you may answer “no” as to any alcohol or substance abuse/addiction).* Yes No

2. Since your last renewal (or if this is your first renewal since your initial license application), has your respiratory care practitioner certification/license been revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity? Yes No

3. Since your last renewal (or if this is your first renewal since your initial license application), has your privilege to work in a hospital or other health care facility been revoked, suspended, restricted, denied or surrendered? This includes the relinquishment of work privileges while under investigation or pending disciplinary action for any reason. This does not include voluntary relinquishment of work privileges as a result of a personal decision. Yes No

4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? Yes No
5. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States? Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.

PRACTICE ACTIVITY STATEMENT-RESPIRATORY CARE LATE RENEWAL

This form must be notarized

PRINTED FULL NAME OF LICENSEE _____

LICENSE NUMBER RCP # _____

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ [initial of licensee]
2. I HEREBY CERTIFY THAT I HAVE **NOT** PRACTICED RESPIRATORY CARE SINCE THE LAPSE OF MY SOUTH CAROLINA LICENSE ON MAY 31, 2019.

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE ALL COPIES OF YOUR CME's (30) FOR THE RENEWAL PERIOD, PAY THE RENEWAL FEE OF \$75.00 AND LATE FEE OF \$75.00. [TOTAL \$150.00]

Signature of Licensee _____ DATE _____

Subscribed and sworn to before me this _____ day of _____, 2019

Notary Public Signature _____

My Commission Expires _____

SECTION 40-47-510. Definitions.

(3) "Respiratory care or respiratory therapy" means the allied health profession or specialty which provides educational, therapeutic, or diagnostic procedures utilized in the prevention, detection, and management of deficiencies or abnormalities, or both, of the cardiopulmonary systems.

(4) "Practice of respiratory care" may include, but is not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring the signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics and implementation, based on observed abnormalities or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders of a person licensed to practice medicine under the laws of this State; or the initiation of emergency procedures under the regulations of the board or as otherwise permitted in this article. The practice of respiratory care may be performed in a clinic, hospital, skilled nursing facility, private dwelling, or other place considered appropriate or necessary by the board in accordance with the written or verbal order of a physician and must be performed under a qualified medical director.